n
R
П
C
_
_
<i>P</i>
<
75
~
BE
一一
$\mathbf{\mathcal{L}}$
$\widetilde{}$
Ų
~
•

Under the Paperwork Reduction Act of 1895, no perso	U.S. Pat ns and required to respond to a		ed for use through 10/31/20 k Office; U.S. DEPARTME when unless it displays a valid	OMB control number.	
PETITION FOR EXTENSION OF 1	TIME UNDER 37 CI	FR 1.136(a)	Docket Numb 2269-3578.11 0555.00/US)		
	In re Application of I	Blalock et al.			
Application Number 09/939,			Filed August	27, 2001	
			AND METHODS FOR FABRICATING		
	Group Art Unit 2879	Examiner A. Patel			
This is a request under the provision response in the above identified ap		a) to extend to	he period for filing a		RECEIVED
The requested extension and appropriately:	opriate non-small-enti	ity fee are as	follows		EB 0 1 200
☑ One month (37 CFF	R 1.17(a)(1))			\$ <u>120.00</u>	
☐ Two months (37 CFR 1.17(a)(2))				\$	
Three months (37 CFR 1.17(a)(3))					
Four months (37 CFR 1.17(a)(4))				\$	
- Full include (or of K 117(a)K4)/				\$	İ
Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown					İ
Applicant claims small enti above is reduced by one-h	ry status. See 37 CFI	fee is: \$			
A check in the amount of t			<u> </u>		
Payment by credit card. F		ched.			1
☐ The Commissioner has alr	eady been authorized	to charge fe	es in this		
application to a Deposit A	ccount.	!			
☐ The Commissioner is here	by authorized to char	ge any fees v	which may be requi	red,	
or credit any overpaymen		Number <u>20-</u>	<u>1469</u> .		
I have enclosed a duplica	te copy of this sheet.				
i am the 🗌 applicant/inventor.		: i			
assignee of record of t					į
Statement under 37	CFR 3.73(b) is enclose	sed. (Foļm F	PTO/SB/96).		1
attorney or agent of re	ecord.	: 4	02/02/2006 TL0111	00000045 2014	69939848
attorney or agent unde	er 37 CFR 1.34(a).	: 6	01 FC:1251	120.00 DA	İ
Registration number if	ectine under 37 CFR 1.34(a).			
WARNING: Information on this not be included on this form. 2038.	s form may become Provide credit card i	public. Credinformation	dit card information and authorization	on PTO-	
			ich Stened	, ~_	
February 1, 2006	_	10/1	Signatu	<u></u>	1 😕
Date			_		
		<u> </u>	Brick G. Power Re		∤ ≒
			Typed or prints		
NOTE: Signatures of all the inventors or assign forms if more than one signature is required, se	ses of record of the entire in the below*.	Merest of their re	spresentative(s) are requi	Ten. Submittininiple	
Total offorms are submitted.	CERTIFICATE OF TRA	NOISSINSI			∤ ≥
I hereby certify that this correspondence i (Fax No. (571) 273-8300) on the date sho	is being facsimile transm	nitted to the Co	ommissioner for Paten	ts	\
Typed or printed name: Leta M. Howard Signature				bпюту 1, 2006	BEST AVAILABLE CC
Burden Hour Statement: This form is estimated to tal comments on the amount of time you are required to Office, Washington, DC 20231. DO NOT SEND FEE Box 1450, Alexandria, VA 22313-1450.					COP